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Questionnaire For Last Will and Testament

1. **Date of Appointment with attorney:** _____
2. **Type of Will:** Individual / Joint
3. **Client's Personal Data:**
 - a. Client Name: _____
 - b. Are you a U.S. Citizen? Yes / No
 - c. Client's Social Security Number: _____
 - d. Client's date of birth: _____
 - e. Client's Home Address: _____
 - f. Home Phone: _____
 - g. Work Phone: _____
 - h. E-mail: _____
 - i. Alternate e-mail: _____
 - j. How do you prefer to be contacted? _____
 - k. Military Status: Active / Retiree / Dependent / Guard (Reserve)
 - l. Marital Status: SINGLE / MARRIED / DIVORCED / SPOUSE DECEASED
 - m. Do your assets, including Life Insurance , total more than \$500,000? Yes / No
 - n. Do your assets, including Life Insurance, total more than \$1,000,000? Yes / No
 - o. Do you (or your spouse) currently have any of the following?

- i. A will? ____
- ii. A trust? ____
- iii. A power of attorney, living will or advanced directive? ____

4. Spouse's Personal Data:

- a. Spouse's Name: _____
- b. Is spouse a U.S. Citizen: Yes / No
- c. Spouse's Social Security Number: _____
- d. Spouse's date of birth: _____

5. Children

- a. If you have any living children, please list their names below. *If you need more room, you may attach an additional sheet.*

- i. _____ Date of Birth _____
- ii. _____ Date of Birth _____
- iii. _____ Date of Birth _____
- iv. _____ Date of Birth _____
- v. _____ Date of Birth _____

- b. If you have any deceased children, please list their names below

- i. _____

6. Grandchildren

- a. If you have any living grandchildren, please list below. *If you need more room, you may attach an additional sheet.*

- i. _____ Date of Birth _____
- ii. _____ Date of Birth _____
- iii. _____ Date of Birth _____

iv. _____ Date of Birth _____

b. Will any grandchildren receive a distribution under the will? _____

7. **Personal Representatives/ Executor/Executrix:** Your personal representative/executor is the person who will be responsible for filing your will in probate, paying your debts, and gathering/distributing your assets after your death. *A surviving spouse is NOT automatically appointed.*

a. Is the client's spouse to be the first personal representative? _____

b. Are the client's and spouse's personal representatives the same? Yes / No

c. The personal representative shall serve with / without bond. (circle one)

d. Name of person you select as Personal Representative of your estate

Name	Relation	City/County/State
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(Co-Personal Rep) Name	Relation	City/County/State
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(First Alternate) Name	Relation	City/County/State
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(Second Alternate) Name	Relation	City/County/State
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8. **Spouse and Child Beneficiaries**

a. If married, do you want all of your real estate and personal property to go to your spouse? Yes / No

b. If you are not married **or** your spouse does not survive you, do you want all of your real estate and personal property to go to your children? Yes / No

i. If so, do you want your children to equally divide your estate? _____

1. If not, please attach a separate addendum indicating how you would like to leave your estate to your children.

- c. If any child is under the age of 18, at what age do you want them to receive their share of the estate? _____
- i. If you wish to transfer any real property or personal property to a child under the age of 18, do you wish to name a custodian of said property until the child reaches the age of majority? Yes / No
 - ii. Do you want to give your Executor control/discretion on when and how to distribute a minor child's bequest? Yes / No
 1. If no, do you want to establish a Trust for the child?
 - iii. If any of your children do not survive you, do you want his or her share to pass to his or her children Yes / No
 - iv. Do any of your children or other beneficiaries have either a physical or mental disability? Yes / No
 1. If so, do you want to establish a Special Needs Trust for that individual? Yes / No (Highly recommended to protect their benefits/income)

9. Other (Contingent) Beneficiaries

- a. Do you wish to make any special or general bequest to a person or charitable organization? Yes / No

For example, If your spouse and children do not survive you, or you are unmarried or have no children, or if you want your property distributed in a way that is different from that described above, please designate other or additional beneficiaries below. *If you need more room, you may attach an additional sheet.*

i. Bequest #1

1. Item/ \$Amount /%Amount: _____

2. Person / Charity: _____

3. City, County, and State: _____

ii. Bequest #2

1. Item/ \$Amount /%Amount: _____

2. Person / Charity: _____

3. City, County, and State: _____

iii. Bequest #3

1. Item/ \$Amount /%Amount: _____

2. Person / Charity: _____

3. City, County, and State: _____

iv. Bequest #4

1. Item/ \$Amount /%Amount: _____

2. Person / Charity: _____

3. City, County, and State: _____

10. Property

a. Does your estate include real property? Yes / No

i. If so where is it located (City, County, State)

b. Do you have a farm or a family-owned business? Yes / No

i. If so where is it located (City, County, State)

c. Are you the beneficiary of any Trust? Yes / No

- d. Does your estate include any Indian land (restricted or held in trust by the federal government)? Yes / No

11. **Funeral/Burial Plans:** Do you have any specific wishes in connection with your funeral or burial? Yes / No.

- a. If so, have you discussed these plans with your family? Yes / No
- b. Do you want these plans included in your will? Yes / No
 - i. If so, please describe your funeral or burial plans. You may attach a separate page if necessary.

12. **Guardian:**

- a. Do you wish to appoint a guardian of your minor child(ren) if both natural parents are not alive or for any reason cannot act as guardian? Yes / No. This person will have actual physical custody and control of the minor children until they reach age 18.

Primary Guardian: _____
 Name Relation City/County/State

Alternate Guardian: _____
 Name Relation City/County/State

- b. Do you wish to nominate a guardian for yourself (your person and/or property) if in the future at least two physicians state in writing that you are mentally incapacitated? Yes / No.

Primary Guardian: _____
 Name Relation City/County/State

Alternate Guardian: _____
 Name Relation City/County/State

The following questions apply to other Estate Planning Matters in addition to your Last Will and Testament. If you are only requesting a Will you do not need to complete the rest of this questionnaire.

13. Other Estate Planning (additional fees apply):

a. Trusts (additional fees apply):

i. Do you plan to establish a Living Trust for yourself or your children so that most if not all of your estate will pass to your beneficiaries outside of probate? Yes / No

ii. If so, who do you want to act as trustee to manage the Trust?

Primary Trustee: _____
Name Relation City/County/State

Alternate Trustee: _____
Name Relation City/County/State

iii. Age when property should be distributed to each child: _____

b. Durable Power of Attorney: Would you like to select a person to manage your finances in the event you become physically or mentally incapacitated? Yes / No.

If so, whom?

Name Relation City/County/State

(Alternate) Name Relation City/County/State

c. Health Care Proxy: Would you like to select a person to make your healthcare decisions for you in the event you become physically or mentally incapacitated?

Yes / No. If so, whom?

Name Relation City/County/State

(Alternate) Name	Relation	City/County/State
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d. **Living Will / Advanced Directive / Do Not Resuscitate:** Would you like to instruct the medical community as to your health care wishes in the event that you have a terminal condition or are in a persistent vegetative state and are unable to communicate with your health care providers? Yes / No.

i. Current law requires that an individual be kept alive on artificial life support indefinitely (even if the individual brain is not functioning) unless an individual's Living Will states otherwise.